

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-042692

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 378 Primary Registration District No. 4552 Registrar's No. 59

STATE FILE NUMBER

FILED NOV 12 1963

1. PLACE OF DEATH a. COUNTY <i>Wright</i>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Wright</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Mtn. Grove</i>		c. CITY OR TOWN <i>Mtn. Grove</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b <i>61 yrs.</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>Dennis</i> Middle <i>Guy</i> Last <i>Wheeler</i>			4. DATE OF DEATH Month <i>Oct.</i> Day <i>23</i> Year <i>1963</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>8-8-1902</i>	9. AGE (last birthday) <i>61</i>	IF UNDER 1 YEAR Months <i>2</i> Days <i>15</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>Real Estate</i>		11. BIRTHPLACE (City and state or country) <i>Mtn. Grove, Mo.</i>	
12a. FATHER'S NAME <i>Jess A. Wheeler</i>		12b. MOTHER'S MAIDEN NAME <i>Ida McKinney</i>		14. NAME OF HUSBAND OR WIFE <i>Leta Ellis</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <i>[redacted]</i>		17. INFORMANT <i>J. A. Wheeler - Flint, Mich.</i>	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Coronary Arteriosclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10-23-63</i>
CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b) <i>Coronary Arteriosclerosis</i>		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <i>[blank]</i> a.m. <i>[blank]</i> p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from *10-23-63*, to *10-23-63* and last saw him alive on *10-23-63*.
Death occurred at *12:30* p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>D. Guy Wheeler MD</i>	(Degree or title)	22b. ADDRESS <i>Mtn. Grove, Mo.</i>	22c. DATE SIGNED <i>11-5-63</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Oct. 26, 1963</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Hill Crest Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Mtn. Grove, Missouri</i>
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24. FUNERAL DIRECTOR <i>L. F. Evans</i>	ADDRESS <i>Houston, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>11-7-63</i>	26. REGISTRAR'S SIGNATURE <i>Bernard Silverman</i>
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(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

NOV 14 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Harold Estrell

Licensed Embalmer, No.

5079

P. O. Address

Jeff, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.